

A Webinar, presented by the Department of Community
Services & Development for its Energy Services Providers

Production Goals, Policy Changes and More

January 27, 2011

Mark Your Calendars!

Please mark your calendars for this upcoming webinar.

Wednesday, February 2:

Comprehensive Monitoring,

10:00 – 11:30


Things to Know

- CSD will mute all phones globally
- Q& A at the end of each presentation
- “Raise Your Hand” for Questions
- When called on, press *6 to unmute your phone



Post-Webinar

- This webinar and associated documents will be posted to CSD's web site later today:

Energy Programs		
 St		
ANNOUNCEMENTS		
Who's My Field Rep? - Not sure who your field rep is? This document will tell you. These Field rep assignments are effective as of January 18, 2011.		
LIHEAP CONTRACTS	DOE CONTRACTS	RESOURCES
2011 LIHEAP Contract	2009 DOE Contract	CSD Energy Forms
2010 LIHEAP Contract	2009 DOE ARRA Contract	CSD Energy Policies
2009 LIHEAP Contract	2008 DOE Contract	CSD Energy State Plans
2008 LIHEAP Contract	2008 DOE Close-Out Report	Contract References, Laws, Regulations
2007 LIHEAP Contract	2007 DOE Contract	DOE WAP ARRA Guidance
2009 LIHEAP Close-Out Report		DOE Standard Guidance
2008 LIHEAP Close-Out Report		LIHEAP Guidance
2007 LIHEAP Close-Out Report		Training
2006 LIHEAP Close-Out Report		

Today's Agenda

	Presenter/s	Time Allotted
Introductions & Overview	Lynn Wiley	10 – 10:05
Quality Assurance Intro & Update	Lorraine Yamada/Dan Fitzgerald	10:05 – 10:10
Production Goal Update	Leslie Campanella	10:10 – 10:20
<i>Production Goal Update Q&A</i>		10:20 – 10:30
Intro to Policy Changes: Order of Operations	Joshua Pierce	10:30 – 10:45
<i>Order of Operations Q&A</i>		10:45 – 10:55
Intro to Policy Changes: Priority List and Protocols	Paméla Gorsuch	10:55 – 11:00
<i>Priority List and Protocols Q&A</i>		11:00 – 11:05
Intro to Policy Changes: Energy Audit Policy & Implementation	Joshua Pierce/Paméla Gorsuch	11:05 – 11:25
<i>Energy Audit Q&A</i>		11:25 – 11:45
Additional Resources/WIS Update/Waiver Transition/In-Service Training	Joshua Pierce/Paméla Gorsuch	11:45 – 11:55
<i>Final Q&A</i>		11:55 - Noon

Lorraine Yamada & Dan Fitzgerald

Quality Assurance Update

QA Program Updates

- CSD Announcement for a New Quality Assurance Inspection Company
 - State Laws require that Contracts be Periodically Revised and as such CSD Announced through the Request for Proposal (RFP) its Quality Assurance Inspection Services.
 - In December 2010, CSD selected from a large pool of candidates a new Inspection Firm.
 - CSD is pleased to announce its selection Consol, Inc.

QA Program Updates

- Introduction of ConSol, Incorporated Quality Assurance Inspection Company
 - Michael Hodgson, President
 - David Meyers, Senior Director, Operations
 - Cody Wilson, Field Operations Manager
 - Rodney Tamayo, IT Manager

QA Program Updates

- Training for ConSol for the Weatherization Inspection Process
 - January & February – ConSol will be preparing for Quality Assurance Inspection Duties by Attending Classroom Setting and Conducting Field Inspection Duties with the Oversight of Richard Heath and Associates Assistance.

QA Program Updates

- ConSol begins Inspection Duties
 - Beginning March 1, ConSol will be working solo performing their contract related duties with the 40+ Weatherization Providers.
 - Providers will be contacted directly by ConSol staff at least 15 days of advance of visiting with your agency.
 - CSD and ConSol are looking forward to a successful and productive 2011 relationship with all the weatherization providers throughout the State.

Contact Information

- For Questions or Comments regarding Quality Assurance, contact:
 - Lorraine Yamada, Program Manager,
(916) 576-7139
 - Dan Fitzgerald, Program Manager,
(916) 576-4355

Leslie Campanella, CSD

Production Goal Update

Production Goal Updates

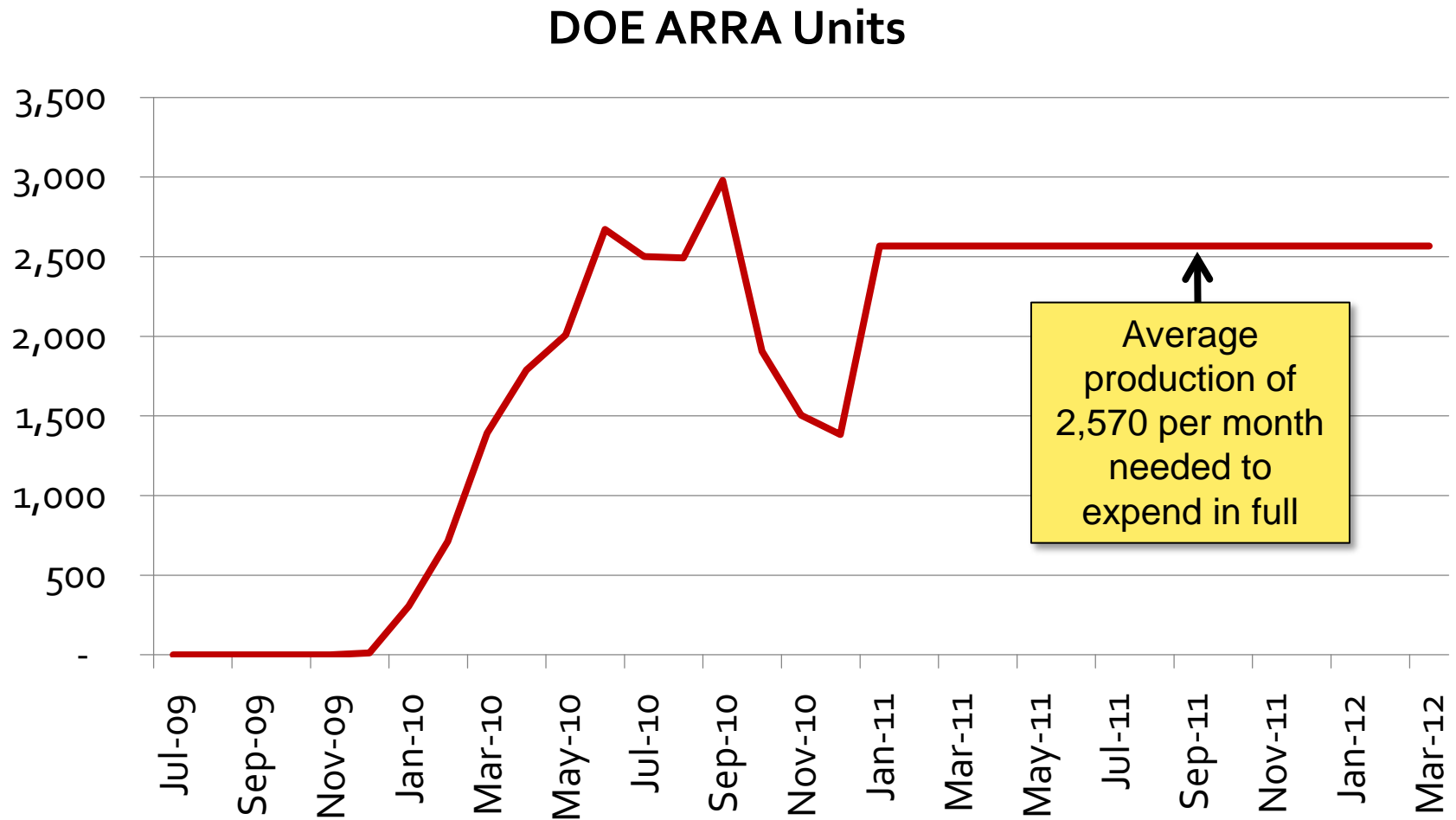
- Production Updates for:
 - DOE ARRA
 - DOE Regular
 - 2009 LIHEAP
- Impact on next 6 months

Production Goal Updates

■ DOE ARRA

- DOE will continue to monitor our progress closely through 3/31/12
- Expended approximately 36% to date
- Completed 21,652 units to date
- Must complete additional 38,500 units to spend out
- Current overall average is \$2,545 per unit (based on all costs)

Production Goal Updates

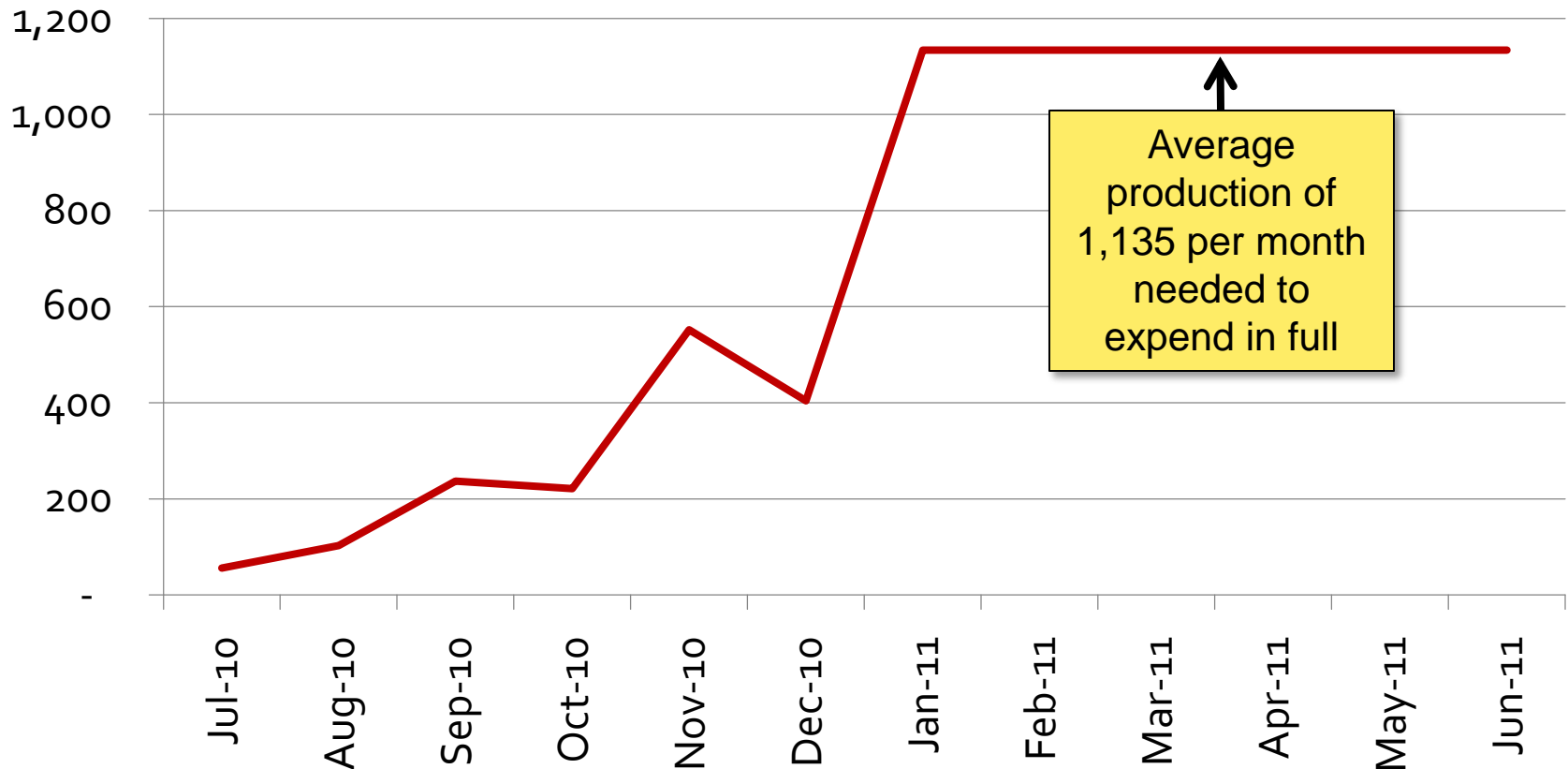


Production Goal Updates

- DOE Regular
 - DOE also monitoring progress under regular grant
 - Grant funds terminate 6/30/11
 - Unexpended funds will **NOT** be carried over
 - Expended approximately 19% to date
 - Completed 1,573 units to date
 - Must complete additional 6,800 units to spend out
 - Current overall average is \$1,945 per unit (based on all costs)

Production Goal Updates

DOE Regular Units

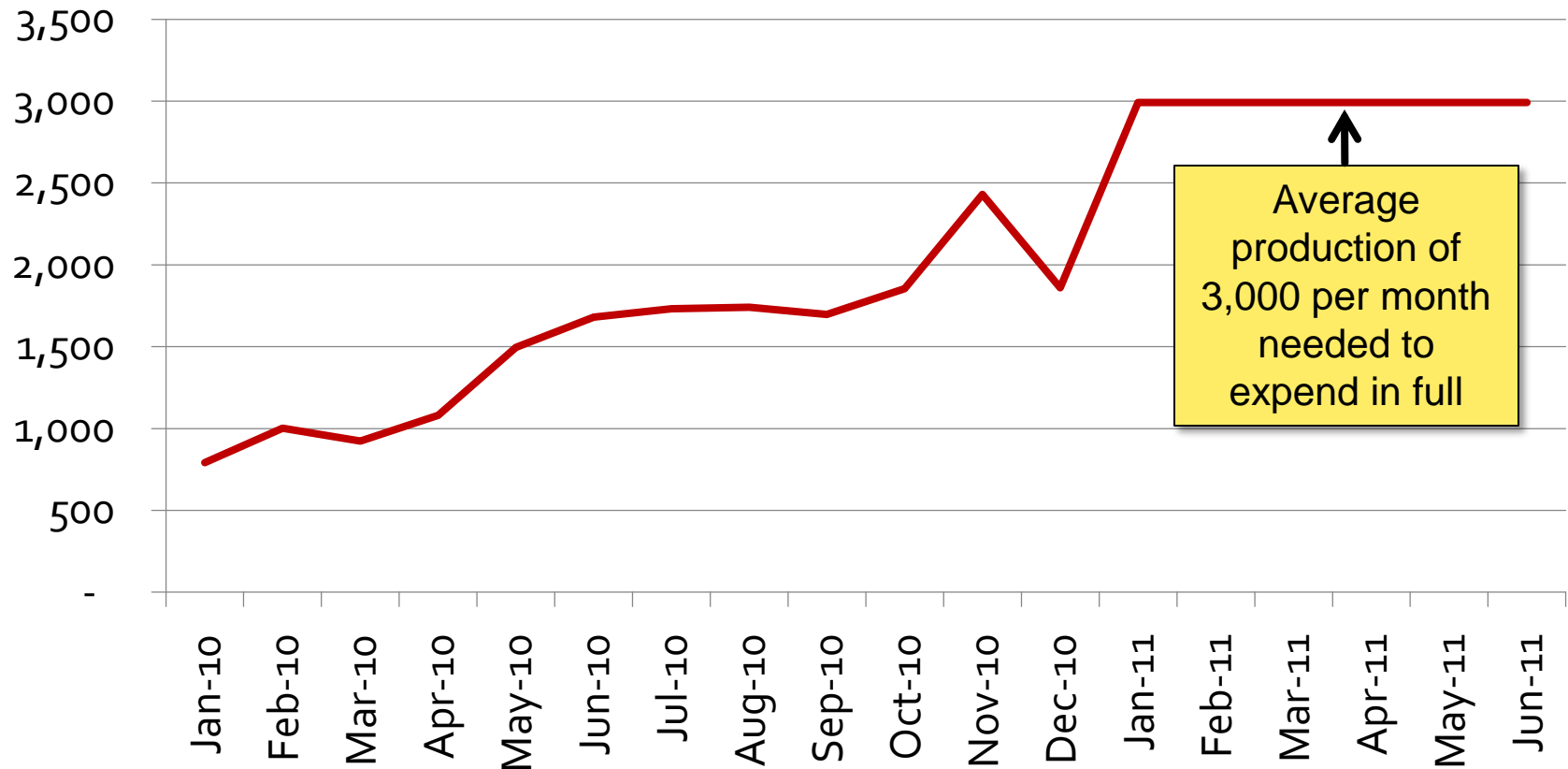


Production Goal Updates

- 2010 LIHEAP - Wx
 - Program year ends 6/30/11
 - Expended approximately 50% to date
 - Completed 18,286 units to date
 - Must complete additional 18,000 units to spend out
 - Current overall average is \$1,575 per unit (based on all costs)

Production Goal Updates

2009 LIHEAP Units



Production Goal Updates

- Impact Through June 2011
 - Total production needed is projected to be approximately:
 - 40,200 total units or
 - 6,700 units per month
 - Impact of 2011 LIHEAP not included in this analysis

Production Goal Updates

- New energy audit and priority list protocols effective 2/1/11
- Will take approximately 2 months to determine effect of new protocols in DOE programs on:
 - Average cost per unit
 - Number of completed units

Production Goal Updates

■ In Summary

- Increase spending and pump up production
- Important to demonstrate ability to expend funds
- Could impact future funding in DOE
- Level of spending and production will be closely monitored by CSD
- State Legislature and Agency concerned about ability to produce across all programs not just ARRA

Introduction to Policy Changes

Introduction to Policy Changes

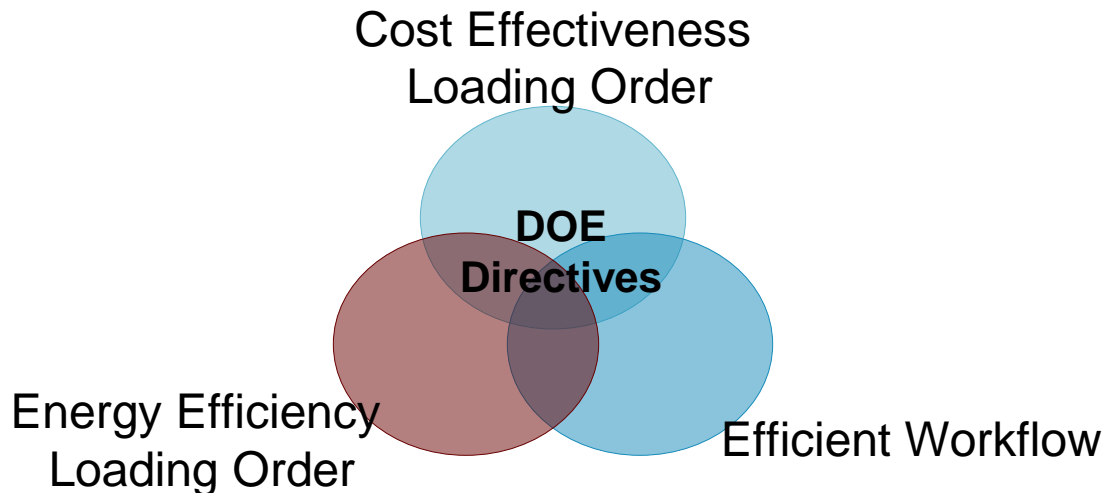
- Order of Operations
- Priority List Protocols and Procedures
- Energy Audit Policy and Requirements
- Available Resources (New and/or Updated)
- Status of WIS Update
- Waiver Process Transition
- Technical Assistance Options
- Training Requests

Joshua Pierce, RHA

Order of Operations

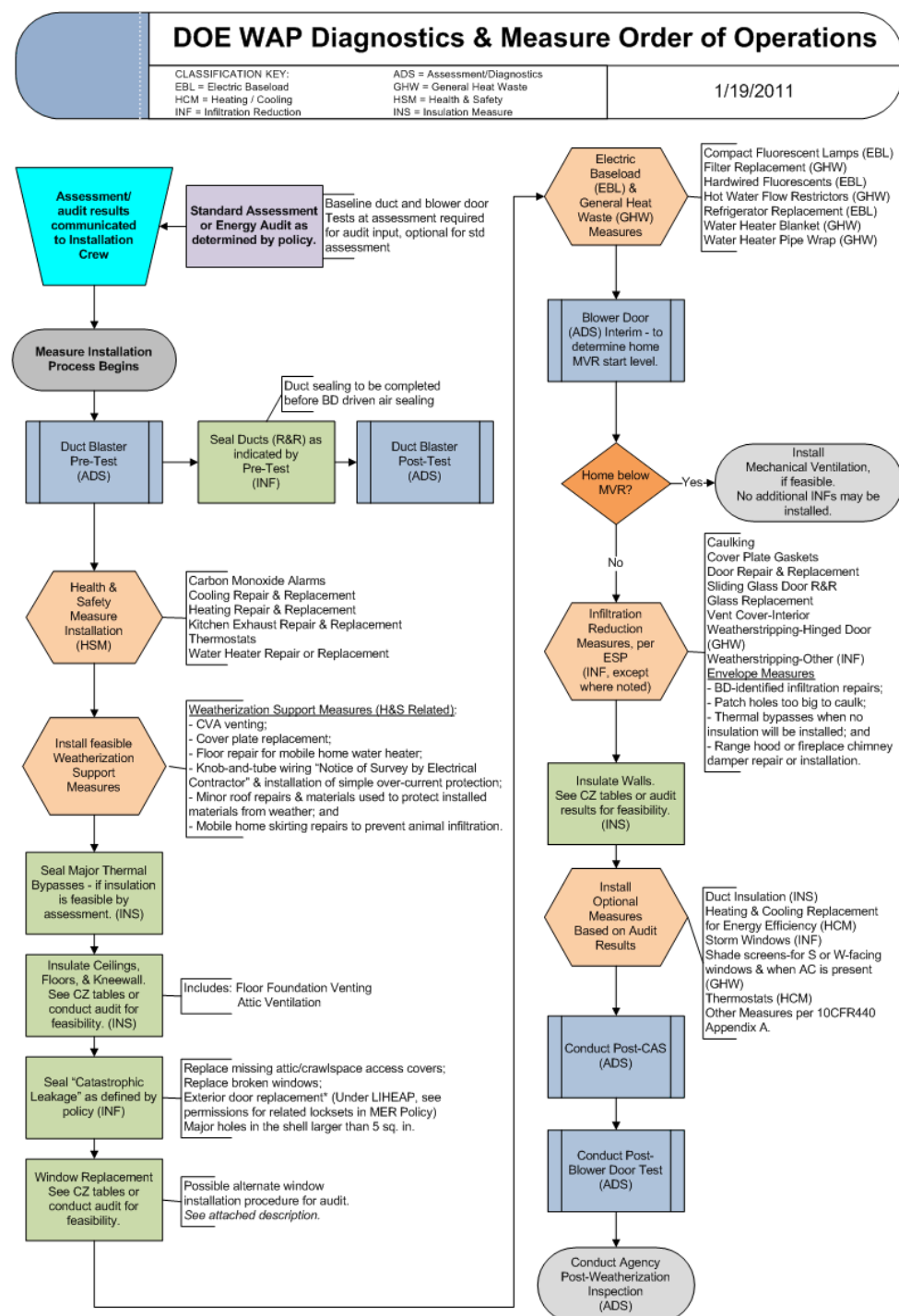
Order of Operations

The order of operations attempts to provide clarity and consistency for workflow and decision making in the WAP.



Order of Operations

- What is this?
 - Visual tool for a typical job workflow
- How do I use it?
 - Reference guide and tool for field staff
- What if something does not fit?
 - Not every element applies to every job.



Workflow Process Overview

- Intake and Eligibility
- Determine if Priority List or Energy Audit path applies.
- Conduct dwelling assessment.
- Immediate Health and Safety measures.
- If applicable, prepare energy audit.
- * Complete additional health & safety repairs.
- * Weatherization Support Measures
- Repair catastrophic leaks and thermal bypasses. Windows if applicable.
- * Duct repair and sealing.

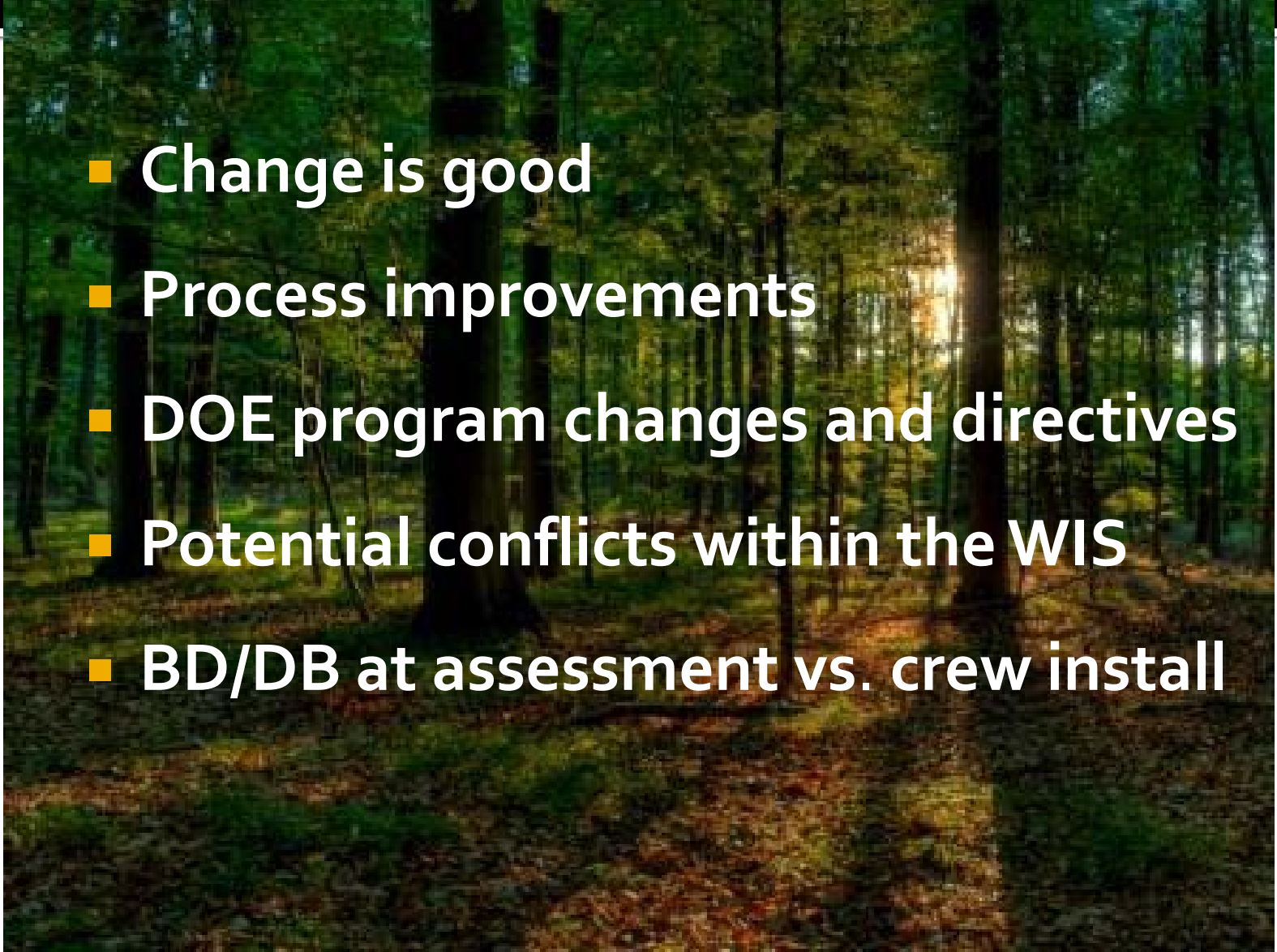
** Specific order of install may be affected by job conditions*

Workflow Process Overview

- Install any energy measures (per energy audit or priority list) that may require installation prior to insulation measures, to minimize impacts. (Ex. HVAC system change-outs approved per audit)
- Install eligible insulation measures.
- Install electric baseload measures (can be completed in logical workflow, as long as H&S repairs are complete).
- Conduct blower door for MVR and install additional air sealing and/or mechanical ventilation.
- Install applicable remaining measures from energy audit results, in order of cost effectiveness.
- Conduct post-weatherization diagnostic testing.
- Complete post-weatherization quality assurance inspection.

* *Measures must be installed in order of cost effectiveness according to priority lists or energy audit results. If this order interrupts the logical workflow, agencies shall ensure that funds for those measures are allocated and measures installed within the scope of work.*

Change Management

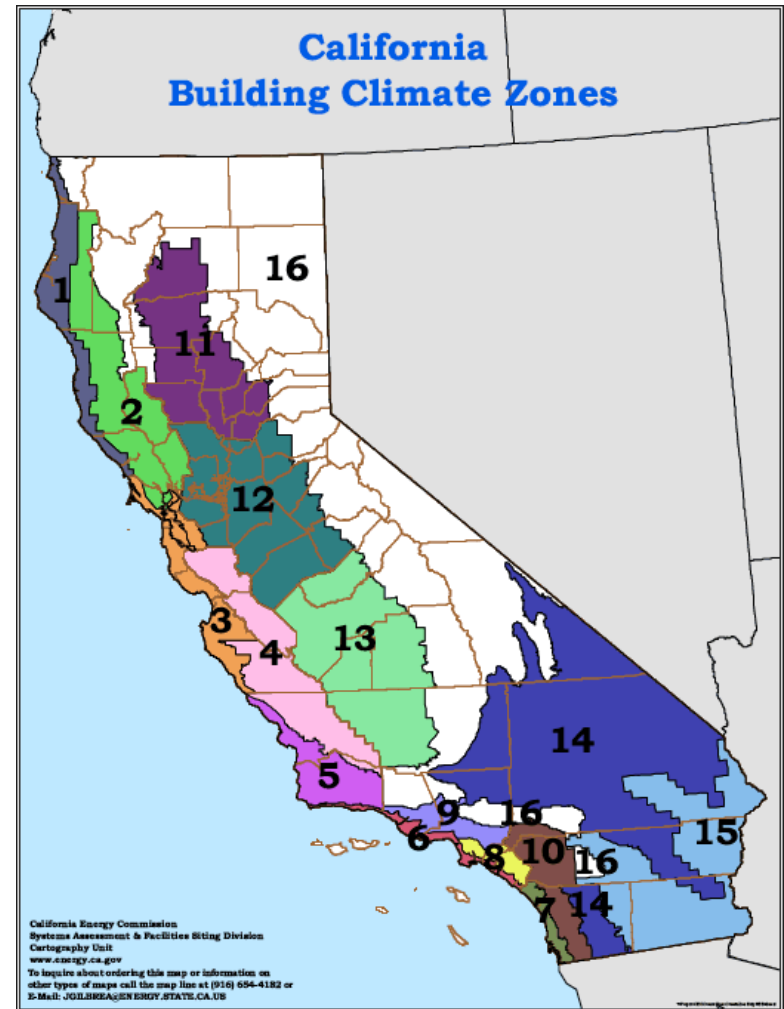
- 
- Change is good
 - Process improvements
 - DOE program changes and directives
 - Potential conflicts within the WIS
 - BD/DB at assessment vs. crew install

Paméla Gorsuch, RHA

Priority List Protocols & Procedures

Priority List Protocols & Procedures

- Priority list covers Insulations, Window Replacement, & Programmable Thermostats
- Divided by CEC Climate Zone 1 – 16
- Divided by Housing Type
- Dependent on AC presence



Sample Priority List Table

Climate Zone Number

Building Type

CZ-12								
	Pre-1950 SFU		Post-1950 SFU		MFU Apt		Mobile Home	
	SIR		SIR		SIR		SIR	
PRIORITY LIST MEASURES	w AC	w/o AC	w AC	w/o AC	w AC	w/o AC	w AC	w/o AC
R-38 Ceiling Insulation (R-0 add R-38)	7.6	4.7	6.7	5.0	5.1	3.3	N/A	N/A
R-38 Ceiling Insulation (R-11 add R-30)	1.7	1.1	1.4	1.1	5.7	1.3	N/A	N/A
R-38 Ceiling Insulation (R-19 add R-19)	1.6	1.0	1.6	1.2	1.7	1.1	N/A	N/A
R-30 Ceiling Insulation (R-0 add R-30)	8.6	5.4	7.5	5.6	1.4	5.5	N/A	N/A
R-30 MH Ceiling Insulation (R-11 add R-19)	N/A	N/A	N/A	N/A	N/A	N/A	1.1	0.7
R-11 Wall Insulation	4.2	3.3	5.7	5.0	N/A	N/A	N/A	N/A
Wall Insulation Apt. (R-11) 2-walls	N/A	N/A	N/A	N/A	1.4	3.8	N/A	N/A
Wall Insulation Apt. (R-11) North	N/A	N/A	N/A	N/A	1.4	3.9	N/A	N/A
Wall Insulation Apt. (R-11) South	N/A	N/A	N/A	N/A	1.3	3.7	N/A	N/A
Wall Insulation Apt. (R-11) East	N/A	N/A	N/A	N/A	-	-	N/A	N/A
Wall Insulation Apt. (R-11) West	N/A	N/A	N/A	N/A	-	-	N/A	N/A
R-19 Floor Insulation	-	-	-	-				
Low-E Windows (20-year EUL)	1.2	0.8	1.3	0.9	2.7	1.3	1.9	2.0
Programmable Thermostat	10.1	3.7	2.5	1.6	0.6	0.4	1.0	1.1

Priority List Tables

Calculated SIR Values

Not shaded = SIR above 1.0

Shaded = SIR value is less than 1.0.

N/A = Not applicable due to housing type.

No Value = Audit policy applies.

CZ-12	Pre-1950 SFU		Pos	File Home					
	SIR			SIR					
	w AC	w/o AC		w AC	w/o AC	w AC	w/o AC	w AC	w/o AC
PRIORITY LIST MEASURES									
R-38 Ceiling Insulation (R-0 add R-38)	7.6	4.7	6.5						
R-38 Ceiling Insulation (R-11 add R-30)	1.7	1.1	1.4						
R-38 Ceiling Insulation (R-19 add R-19)	1.6	1.0	1.6						
R-30 Ceiling Insulation (R-0 add R-30)	8.6	5.4	7.5						
R-30 MH Ceiling Insulation (R-11 add R-19)	N/A	N/A	N/A						0.7
R-11 Wall Insulation	4.2	3.3	5.7						N/A
Wall Insulation Apt. (R-11) 2-walls	N/A	N/A	N/A	N/A	1.4	3.8	N/A	N/A	
Wall Insulation Apt. (R-11) North	N/A	N/A	N/A	N/A	1.4	3.9	N/A	N/A	
Wall Insulation Apt. (R-11) South	N/A	N/A	N/A	N/A	1.3	3.7	N/A	N/A	
Wall Insulation Apt. (R-11) East	N/A	N/A	N/A	N/A	-	-	N/A	N/A	
Wall Insulation Apt. (R-11) West	N/A	N/A	N/A	N/A	-	-	N/A	N/A	
R-19 Floor Insulation	-	-	-	-					
Low-E Windows (20-year EUL)	1.2	0.8	1.3	0.9	2.7	1.3	1.9	2.0	
Programmable Thermostat	10.1	3.7	2.5	1.6	0.6	0.4	1.0	1.1	

Shaded = SIR value is less than 1.0.

N/A = Not applicable due to housing type.

No Value = Audit policy applies.

Joshua Pierce & Paméla Gorsuch, RHA

Energy Audit Policy & Implementation

Energy Audit Policy & Requirements

REM/DESIGN

Single-family dwellings, mobile homes, or low-rise multifamily buildings containing:

- 25 or fewer dwelling units,
- 3 stories or fewer,
- Individually metered, Where the unit is heated and cooled independently, and
- The unit has its own water heater.

VS

TREAT

High-rise residential buildings (multifamily residential buildings 4 stories and above)

OR

Low-rise multifamily buildings with shared (common) heating + air conditioning systems and/or water heating.

Application of Audit Policy

For each home, either . . .

The Priority List table

or

The Energy Audit

. . . must be applied



REM/Design Policy

REM/*Design*TM

- Purpose is to identify and prioritize feasible measures
- Audit data is collected (when appropriate) during the assessment process
- All feasible measures must be installed
- “Optional measures” are extinct...
now known as “Audit-driven” measures



- Required when any measures in the priority list do not qualify based on the priority list table....
 - Insulation (ceiling, wall, and floor);
 - Window Replacement;
 - Programmable Thermostats

+ (and...)

(one of the following conditions exists...)

- Heated with fuel other than natural gas, wood or electricity;
- Non-CARE rates (income-qualified);
- Unusual structures (see examples in “Policy”) or multiple HVAC systems;
- Feasible DOE “Appendix A” measures
 - Includes HVAC replacement for energy efficiency.

REM/Design Audits

REM/*Design*TM

 Audit is required

<http://www.archenergy.com>

TREAT Audits



- Whole-building energy modeling tool for MF buildings with common systems.
- May be subcontracted to qualified energy audit entities due to complexity.
- Mostly larger MF buildings with common systems.
- If interested, contact CSD/Technical Assistance Hotline for guidance.
- <http://www.psdconsulting.com/software/treat>

TREAT Audits



- TREAT models differently than REM (TREAT models dwelling units, occupancy rates, lighting, shared systems, common areas, etc.)
- Requires thorough site audit and knowledge of boiler/chiller systems, hydronic systems etc.
- MF energy audits must be evaluated by CSD for each building using TREAT.
- Allows for the application of non-traditional (but DOE approved) MF measures if meets SIR calculations.

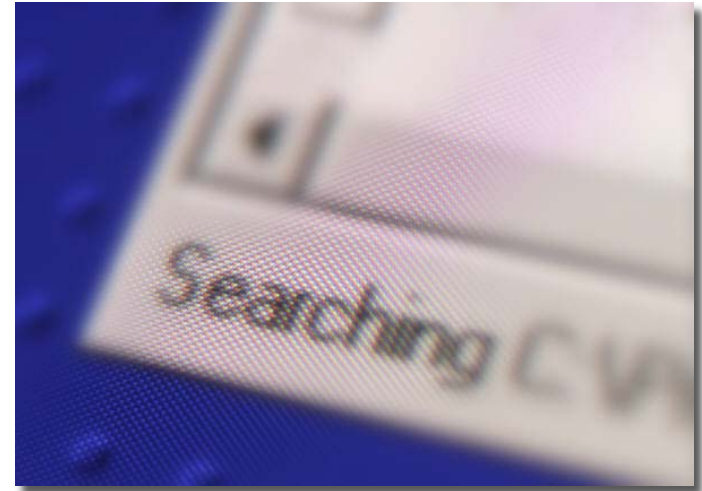
Joshua Pierce & Paméla Gorsuch, RHA

Additional Resources

Policies and Guidance Documents

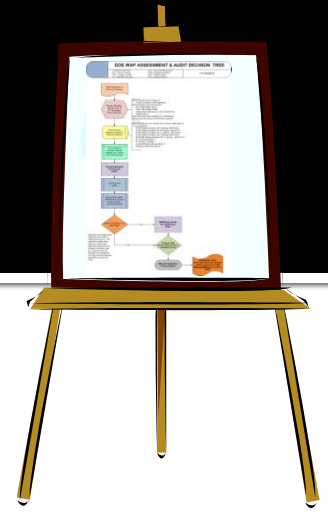
Where will you find...?

- Expanded audit policy
- “Clean” priority list tables
- Links to state guidance documents
- Links to federal guidance documents for reference



www.CalStateWAP.com (site under construction)

Training Resources



- Order of Operations Chart
- CAS "Short" Form Training Materials
- Technical Assistance Website (in development)
 - FAQ Database
 - Online Document Library (Electronic WIS)
 - Resource Links
 - Q&A Forum/WIS Update (moved from Online site)
- Online Training Updates
 - Mechanical Ventilation!

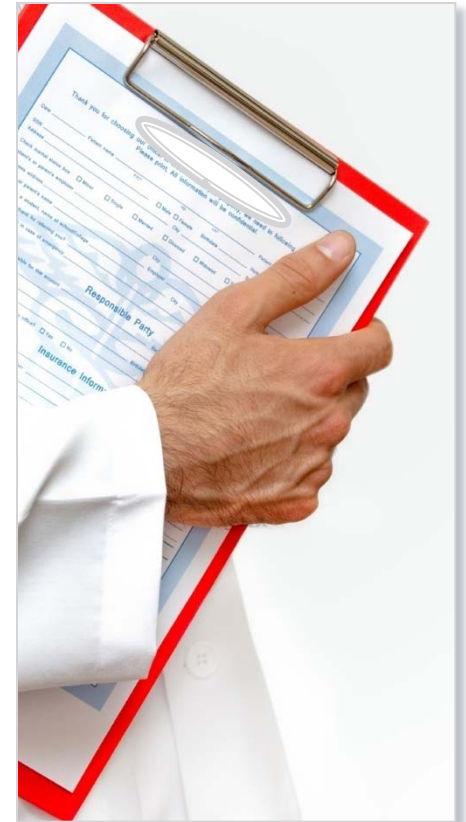
Materials List



- Useful tool for agencies' purchasing staff.
- Extracted from WIS sections.
- Will be available on RHA's technical assistance website. www.CalStateWAP.com
- Materials requirements are in full force and effect for all California programs (ARRA, DOE, LIHEAP).
- Agencies & subcontractors must confirm materials with Materials List & MSDS sheets prior to purchase.

Forms—posted on CSD website

- Assessment (CSD 540);
- Customer Summary;
- QA Inspection Report (CSD611);
- CASIF “Short” Form
- Measure Feasibility Verification (pending)



Assessment: CSD 540 (required)

- Assessment form will be added to CSD's website for easy download.
<http://www.csd.ca.gov/Contractors/ENERGY/CSD%20Energy%20Forms.aspx>
- CSD540 is mandatory, unless...
 - An agency creates a form that collects the same data, in the same order...and...
 - Is pre-approved by CSD before use.

CSD540

Job Number:		
Year Home Built?		
Zip:	Home Phone	Cell/Work No.
Owner: <input type="checkbox"/> Rental ♦ Location: <input type="checkbox"/> Urban <input type="checkbox"/> Rural ♦ Climate Zone: _____		
Dwelling Type: <input type="checkbox"/> SFD <input type="checkbox"/> Mobile <input type="checkbox"/> 2-4 Plex <input type="checkbox"/> MUD <input type="checkbox"/> Unoccupied MUD <input type="checkbox"/> Shelter [# _____ Units; # _____ Residents]		
Heat Fuel: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane (LP-Gas) <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> None		
Cooling Type: <input type="checkbox"/> Central AC <input type="checkbox"/> Window/Multi AC <input type="checkbox"/> Central Evap. Cooler <input type="checkbox"/> Window/Multi Evap. Cooler <input type="checkbox"/> None		
Under Heating: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiator <input type="checkbox"/> Forced Air <input type="checkbox"/> Other _____		

Attach Proof of
Home's Age
Here
(SHPO)

Health and Safety—Appliance Summary (Complete for all appliances)

Appliance	Existing?	Gas/Elec	Operable?	Service/Repair Needed	Hazard Fail?	Details
Heating System #1	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Heating System #2	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Water Heater	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Cook Stove	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Range <input type="checkbox"/> Cooktop & Separate Oven
Kitchen Exhaust	Y N		Y N	Y N		
Additional CVA Required? Y N		Materials Needed?				
Refrigeration System	Existing?	Unit Outlet OK & Grounded?		<15 yrs old?		
Refrigerators	Y N	Y N		Y N ?		
Refrigerative Cooler	Y N	Y N		Y N		
Estimated Qty Needed		Location				
Smoke Alarm						

Appliance Repair & Replacement

Appliance	Age/Year Made	Brand	Model #	Filter	Capacity	Justification Codes
Refrigerator	Existing			X	1 Btu/h	
Refrigerator	Needed			X	1 Btu/h	
Estimated Maximum Furnace Capacity						
2. Required load calculation method used, per State law:						
Area (Sq. Ft.) _____ x 43.4 = _____ Btu/h Output ACCA Manual J <input type="checkbox"/> , Other <input type="checkbox"/>						
Heater:	Existing				1 Btu/h	
Storage <input type="checkbox"/> Tankless	Needed				1 Btu/h	
Stove:	Existing				1 Btu/h	
Not Gas <input type="checkbox"/> Electric	Needed				1 Btu/h	
Central	Existing			X	Tons	
	Needed			X	Tons	
Estimated Maximum Cooling Capacity						
2. Required load calculation method used, per State law:						
Area (Sq. Ft.) _____ ÷ 400 = _____ ACTons ACCA Manual J <input type="checkbox"/> , Other <input type="checkbox"/>						
400 in CEC Climate Zones 2 & 3-15, and use 500 in C2.1, 3-7 & 16.						
Window	Existing			X	Tons	
Window	Needed			X	Tons	
Refrigerative Cooler:	Discharge: <input type="checkbox"/> Down <input type="checkbox"/> Side • CFM _____ • # 8 Size Pads: # _____ @ _____ # _____ @ _____					
Central <input type="checkbox"/> Wall	Vent Cover x (L: _____) x (W: _____) x (D: _____) Tapered Sq. • (L: _____) x (W: _____) x (D: _____) Tapered Sq.					
Window <input type="checkbox"/> Roof	Repairs Needed:					
Notes:						

safe Wkr req'd? Y ☐ No ☐
 st N/A ☐ Pass ☐ Fail ☐
 st N/A ☐ Pass ☐ Fail ☐
 st N/A ☐ Pass ☐ Fail ☐
☐ Duct Leakage ☐ Other ☐

Legend:
 C A = Crawlspace Access
 FD = Front Door
 BD = Back Door
 SD = Sliding Door
 GD = Garage Door
 SE = Side Entrance
 BW = Broken Window
 WH = Water Heater
 WF = Wall Furnace
 FF = Floor Furnace
 FAU = Forced Air Unit

Attach Appliance
Repair or
Replacement
Documentation
Here

Customer Summary (optional)

- This form was introduced during the Assessor certificate training.
- Removed during Assessment form revision process.
- Requested by many agencies as useful for informing clients what work is scheduled.
- CSD is making it available at:

<http://www.csd.ca.gov/Contractors/ENERGY/CSD%20Energy%20Forms.aspx>

Occupant Name:		Landlord/Manager Name (if applicable):	
Address:		City/Zip:	
Contact Name (if different from occupant):		Telephone (1):	
		Telephone (2):	

Work Type	Proposed Improvements	Customer Responsibility	Work Type	Proposed Improvements	Customer Responsibility		
Main Heating System	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace main heating system	<input type="checkbox"/>	Window Repair/Replace	<input type="checkbox"/> No recommendation	<input type="checkbox"/>		
	Thermostat: Install <input type="checkbox"/> Programmable, <input type="checkbox"/> Manual	<input type="checkbox"/>		Single-pane: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>		
	Air Filter: Install #____, washable, #____, disposable	<input type="checkbox"/>		Double-pane: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>		
	<input type="checkbox"/> Combustion & Ventilation Air correction	<input type="checkbox"/>		Storm Windows: <input type="checkbox"/> Add #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>		
	<input type="checkbox"/> Flue/Vent system correction	<input type="checkbox"/>		Sliding Glass Door: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>		
	<input type="checkbox"/> Wood-burning Space Heater	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>		
	<input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>		
	Main Cooling System	<input type="checkbox"/> No recommendation		<input type="checkbox"/>	Weatherstripping (Wt)	<input type="checkbox"/> No recommendation	<input type="checkbox"/>
		<input type="checkbox"/> Repair, <input type="checkbox"/> Replace main cooling system		<input type="checkbox"/>		Repair door use: <input type="checkbox"/> front, <input type="checkbox"/> side, <input type="checkbox"/> back, <input type="checkbox"/> garage	<input type="checkbox"/>
		<input type="checkbox"/> Repair/replace condensate line		<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
Thermostat: Install <input type="checkbox"/> Programmable, <input type="checkbox"/> Manual		<input type="checkbox"/>	Replace door use: <input type="checkbox"/> front, <input type="checkbox"/> side, <input type="checkbox"/> back, <input type="checkbox"/> garage	<input type="checkbox"/>			
Air Filter: Install #____, washable, #____, disposable		<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>			
<input type="checkbox"/> Other:		<input type="checkbox"/>	Appliance enclosure door use: <input type="checkbox"/> Repair, <input type="checkbox"/> Replace	<input type="checkbox"/>			
Appliance Repair & Replacement		<input type="checkbox"/> No recommendation	<input type="checkbox"/>	Refrigerator access use: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____		<input type="checkbox"/>	
		Cooking Appliances	<input type="checkbox"/>	<input type="checkbox"/> Other:		<input type="checkbox"/>	
		<input type="checkbox"/> Repair, <input type="checkbox"/> Replace kitchen: <input type="checkbox"/> Range, <input type="checkbox"/> Oven	<input type="checkbox"/>	Caulking		<input type="checkbox"/> No recommendation	<input type="checkbox"/>
		<input type="checkbox"/> Repair, <input type="checkbox"/> Replace mobile Hm. kitchen ventilation	<input type="checkbox"/>			<input type="checkbox"/> Under-sink plumbing penetrations	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>	Around: <input type="checkbox"/> doors, <input type="checkbox"/> window use		<input type="checkbox"/>		
	Water Heater	<input type="checkbox"/> No recommendation	<input type="checkbox"/>		Around: <input type="checkbox"/> supply, <input type="checkbox"/> return register boots	<input type="checkbox"/>	
		<input type="checkbox"/> Repair, <input type="checkbox"/> Replace Water Heater	<input type="checkbox"/>		<input type="checkbox"/> Vent/Other bypasses, <input type="checkbox"/> Cracks/holes in glazing	<input type="checkbox"/>	
		<input type="checkbox"/> Repair, <input type="checkbox"/> Replace Water Heater floor	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>	
		<input type="checkbox"/> Other:	<input type="checkbox"/>		Electrical Conduit/Conduit	<input type="checkbox"/> No recommendation	<input type="checkbox"/>
		Infiltration Reduction - General	<input type="checkbox"/> No recommendation			<input type="checkbox"/>	Compact Fluorescent Fixtures: Install #____
Airtight Hatch			<input type="checkbox"/>			Fluorescent Trenches: Replace #____, reg. lamps	<input type="checkbox"/>
Add Gaskets			<input type="checkbox"/>			Compact Fluorescent Lamps (CFL): Install #____	<input type="checkbox"/>
Replace Glass			<input type="checkbox"/>	Ceiling Fan: Install #____ at		<input type="checkbox"/>	
Patches #____, Wall #____, Ceiling #____, Floor			<input type="checkbox"/>	1 Microwave Oven: <input type="checkbox"/> Add, <input type="checkbox"/> Replace		<input type="checkbox"/>	
<input type="checkbox"/> Other:			<input type="checkbox"/>	Refrigerator: Install #____, remove #____ old		<input type="checkbox"/>	
Infiltration Reduction - Entrance	<input type="checkbox"/> No recommendation		<input type="checkbox"/>	refrigerators (and ____ stand-alone freezer)		<input type="checkbox"/>	
	Entrance Door		<input type="checkbox"/>	Water Heater Timer: Install #____		<input type="checkbox"/>	
	<input type="checkbox"/> Repair #____ doors at:		<input type="checkbox"/>	<input type="checkbox"/> Other:		<input type="checkbox"/>	
	<input type="checkbox"/> Replace #____ doors at:		<input type="checkbox"/>	Additional Measures	<input type="checkbox"/> No recommendation	<input type="checkbox"/>	
	<input type="checkbox"/> Install #____ door shoes, #____ thresholds	<input type="checkbox"/>	CO Alarm: #____, Battery: #____, Line Cord		<input type="checkbox"/>		
	<input type="checkbox"/> Other:	<input type="checkbox"/>	Vent covers: #____, Engr. Cooler, #____ AC		<input type="checkbox"/>		
	Infiltration Reduction - Ducts	<input type="checkbox"/> No recommendation	<input type="checkbox"/>		Faucet Aerators: #____ kitchen, #____ bathroom	<input type="checkbox"/>	
		Seal/plenum(s): <input type="checkbox"/> supply, <input type="checkbox"/> return (<input type="checkbox"/> plenum)	<input type="checkbox"/>		Showerheads: #____ regular, #____ hand-held	<input type="checkbox"/>	
		Seal <input type="checkbox"/> ducts, <input type="checkbox"/> components, <input type="checkbox"/> FAN base	<input type="checkbox"/>		Water Heater Insulation: #____ blankets	<input type="checkbox"/>	
		<input type="checkbox"/> Repair, <input type="checkbox"/> Reconnect: <input type="checkbox"/> ducts, <input type="checkbox"/> components	<input type="checkbox"/>		Water Heater Pipe Insulation: #____ linear feet	<input type="checkbox"/>	
<input type="checkbox"/> Repair, <input type="checkbox"/> Replace: supply <input type="checkbox"/> boots, <input type="checkbox"/> registers		<input type="checkbox"/>	<input type="checkbox"/> Mechanical Ventilation		<input type="checkbox"/>		
<input type="checkbox"/> Replace approximately ____ LF of ductwork		<input type="checkbox"/>	Shade Screens: #____ at		<input type="checkbox"/>		
<input type="checkbox"/> Balance airflow		<input type="checkbox"/>	Time-d Window Film: #____ at		<input type="checkbox"/>		
<input type="checkbox"/> Other:		<input type="checkbox"/>	Ext. Thermal Shutters: #____ at	<input type="checkbox"/>			
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>			
<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>			

<http://www.csd.ca.gov/Contractors/ENERGY/CSD%20Energy%20Forms.aspx>

- | State of California
Department of Community Services and Development
CSD 611 (Rev. 01/2011) | | | | | | | | | | Job #
<div></div> | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|----------|-----------|----------|----------|---|---------------------------------------|--|--|--|-----------------|----------|----------|-----------|----------|----------|----------|------------------------------|--------------------------------------|--|--|--|----------|------------|------------|------------|----------|----------|----------|
| CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer: | | | | | Address: | | | | | Unit: | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | Zip: | | | | | Telephone #: | | | | | | | | | | | | | | | | | | | | | | | |
| 1st Inspection - Date: | | | | | Time In: <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | Time Out: <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | Assessment Date | | | | | | | | | | | | | | | | | | |
| 2nd Inspection - Date: | | | | | Time In: <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | Time Out: <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | Wx Date: | | | | | | | | | | | | | | | | | | |
| MEASURES INSPECTION RESULTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status key: W=Work Order C=Installed Correctly IC=Installed Incorrectly R=Remedied U=Unfeasible B=Billed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health & Safety | | | | | W | C | IC | R | U | B | Infiltration Reduction (con'L) | | | | | W | C | IC | R | U | B | Audit-Driven Measures | | | | | W | C | IC | R | U | B | |
| 1. Carbon Monoxide Alarm | | | | | | | | | | | 23. Vent Cover, Interior | | | | | | | | | | | | 43. Cooling Replacement for EE | | | | | | | | | | |
| 2. Cooling Source Repair | | | | | | | | | | | 24. Weatherstripping, Other | | | | | | | | | | | | 44. Heating Replacement for EE | | | | | | | | | | |
| 3. Cooling Source Replacement | | | | | | | | | | | General Heat Waste | | | | | W | C | IC | R | U | B | 45. Thermostat for EE | | | | | | | | | | | |
| 4. Gas Cooking Appl. (Non-ARRA) | | | | | | | | | | | 25. AC/Furnace Filter Replacement | | | | | | | | | | | | Other Measures | | | | | W | C | IC | R | U | B |
| 5. Gas Water Heater | | | | | | | | | | | 26. Hot Water Flow Restrictors | | | | | | | | | | | | 46. Duct Insulation | | | | | | | | | | |
| 6. Heating Source Repair | | | | | | | | | | | 27. Water Heater Blanket | | | | | | | | | | | | 47. Mechanical Ventilation | | | | | | | | | | |
| 7. Heating Source Replacement | | | | | | | | | | | 28. Water Heater Pipe Wrap | | | | | | | | | | | | Assessment | | | | | W | Yes | No | U | B | |
| 8. Kitchen Exhaust | | | | | | | | | | | 29. Weatherstripping, Hinged Door | | | | | | | | | | | | 48. Blower Door Testing | | | | | | | | | | |
| 9. Sealing Thermal Bypasses | | | | | | | | | | | Electric Baseload | | | | | W | C | IC | R | U | B | 49. CAS Testing | | | | | | | | | | | |
| 10. Smoke Alarms | | | | | | | | | | | 30. CFLs | | | | | | | | | | | | 50. Duct Leakage | | | | | | | | | | |
| 11. Thermostat | | | | | | | | | | | 31. Electric Water Heater Rpr/Rpl | | | | | | | | | | | | 51. Energy Audit | | | | | | | | | | |
| 12. Water Heater Repair | | | | | | | | | | | 32. Fluorescent Torchiere | | | | | | | | | | | | Client Education | | | | | Yes | No | N/A | | | |
| 13. Water Heater Replacement | | | | | | | | | | | 33. Refrigerator Replacement | | | | | | | | | | | | 52. Budget Counseling | | | | | | | | | | |
| 14. Wx-Support Measures (see def.) | | | | | | | | | | | Priority List Measures | | | | | W | C | IC | R | U | B | 53. Energy Education | | | | | | | | | | | |
| Infiltration Reduction | | | | | W | C | IC | R | U | B | 34. Attic Ventilation | | | | | | | | | | | | 54. Lead paint education | | | | | | | | | | |
| 15. Caulking | | | | | | | | | | | 35. Ceiling Insulation | | | | | | | | | | | | Lead-Safe Weatherization | | | | | Yes | No | N/A | | | |
| 16. Cover Plate Gaskets | | | | | | | | | | | 36. Duct Insulation | | | | | | | | | | | | 55. Is the home pre-1979? | | | | | | | | | | |
| 17. Door Repair | | | | | | | | | | | 37. Floor Insulation | | | | | | | | | | | | Pre-1979 or undetermined age: | | | | | | | | | | |
| 18. Door Replacement | | | | | | | | | | | 38. Kneewall Insulation | | | | | | | | | | | | 56. Were painted surfaces disturbed? | | | | | | | | | | |
| 19. Duct & Register Repair/Replacement | | | | | | | | | | | 39. Floor Insulation | | | | | | | | | | | | If painted surfaces were disturbed: | | | | | | | | | | |
| 20. Glass Replacement | | | | | | | | | | | 40. Thermostats | | | | | | | | | | | | 57. Containment & poly used? | | | | | | | | | | |
| 21. Minor Envelope Repair (see def.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAS “Short” Forms

- Original 7-page CASIF is the “training wheels version” for assessors & crews.
- There are four CAS Short Form versions for experienced crews:
 - “CASIF”
 - “Additional Appliances”
 - “Interim CAS Tests”
 - “Post-Repair/Replacement Safety Checks”



CAS Short Forms

- Use the shorter versions the same as the original; however:
 - There are no instructions or information references within the form.
 - Item numbers match numbering in the original (which should be available for reference as needed).

Client: _____ Date: _____		<input type="checkbox"/> SERVICE REQUIRED Date: _____			
Address: _____ City: _____					
Agency: _____ Home Type: <input type="checkbox"/> SF, <input type="checkbox"/> MF, <input type="checkbox"/> M/H		<input type="checkbox"/> CORRECTED Date: _____			
▶ <input type="checkbox"/> ECIP Furnace Only (No Wx) —Complete (A)–(D) & attach "Post-Repair/Replacement" Form.					
▶ Forms attached: <input type="checkbox"/> Additional Appliance, <input type="checkbox"/> Interim Tests, <input type="checkbox"/> Post-Repair/Replace					
(A) IMMEDIATE SERVICE REQUIRED (Z-1) [CAS Tester Model: _____ ID # _____]					
Appliance and description of problem		Repairs made • By whom • Date			
(B) REQUIRED REPAIRS (Z-2)					
Appliance and description of problem		Repairs made • By whom • Date			
(C) TEST RESULTS					
PRE-Wx Test Results		POST-Wx Test Results			
Appliance	N/A <input checked="" type="checkbox"/>	Pass or Fail	Reason for FAIL	Pass or Fail	Reason for FAIL
Main Heater		P F		P F	
Other Heater		P F		P F	
Gas: Log FP		P F		P F	
		P F		P F	
Water Heater		P F		P F	
Cook Top		P F		P F	
Oven & Broiler		P F		P F	
Clothes Dryer		P F		P F	
(D) COMMENTS AND RECOMMENDED REPAIRS					
PRE-TEST: Technician Signature: _____ Date: ____/____/____					
POST-TEST: Technician Signature: _____ Date: ____/____/____					

Measure Feasibility Verification (pending)

- Under development by CSD and network.
- Justifications for measure feasibility or nonfeasibility.
- Checklist format.



Paméla Gorsuch, RHA

Status of WIS Update

WIS Update

- Quarterly Process
First update estimated for 2/28/11
- Addition of Smoke Alarms
- Reorganization of:
 - Blower Door & Shell Sealing
 - Duct Testing & Duct Sealing
- Division of MER/MHR & Wx Support Measures
- Preparation of new Wx P&P Manual



Paméla Gorsuch, RHA

Waiver Transition Process

Waiver Process

- During start-up period, CSD has asked RHA for help in processing waivers.
- Requests already received by CSD at wxwaiver@csd.ca.gov are in progress.
- Log on to site: www.CalStateWAP.com; then click on “Waiver Request” to submit new requests.

Processing will be coordinated by Andy Nodzak of RHA.

Waiver Process (con't.)

- Online waiver “form” will speed processing.
- Agencies can attach photos and bids directly to the request.
- Will receive electronic confirmations and be able to check status.

The screenshot displays the 'Weatherization Waiver Request' form, which is organized into several sections. At the top, the title 'Weatherization Waiver Request' is prominently displayed. Below this, the 'Date Submitted' field is present. The 'Agency Name' field is populated with 'ATCAA'. The 'Agency Contact Person' field is empty. The 'Email: Agency Contact Person' and 'Phone: Agency Contact Person' fields are also empty. The 'Waiver Description' section prompts the user to 'Enter brief description of waiver being sought and reason'. The 'Customer Information' section includes a prompt to 'In the following section you will enter a sentence description of the more detailed information later' and fields for 'Customer Name' and 'Customer Street Address'. The 'Waiver Information' section contains a prompt to 'In this section, you'll enter specific information recommended by you have your own information.' and a 'Contract Section' with radio button options: '2010 LIHEAP', '2009 DOE Regular', '2009 DOE ARRA', 'Other:', 'Assessments/Diagnostics', 'Health and Safety', 'Priority', 'Optional', and 'Supplemental'. The 'Cost and Bid Information' section includes a 'Maximum Reimbursement Amount' field, an 'Estimated Cost' field, and a 'Basis for Cost Estimate' section with checkboxes for 'Obtained three written bids', '(CSD to enter other options)', and '(CSD to enter other options)'. The 'Documents to be Transmitted to CSD' section prompts the user to 'List below the documents you intend to forward to CSD to support your waiver request. Upon submission of this form, please email support documents to wwaiver@csd.ca.gov'. At the bottom of the form, there are 'Back' and 'Submit' buttons.

Weatherization Waiver Request

Weatherization Waiver Request

Date Submitted

Agency Name
ATCAA

Agency Contact Person

Email: Agency Contact Person

Phone: Agency Contact Person

Waiver Description
Enter brief description of waiver being sought and reason

Customer Information
In the following section you will enter a sentence description of the more detailed information later

Customer Name
Enter name of customer at

Customer Street Address

Waiver Information
In this section, you'll enter specific information recommended by you have your own information.

Applicable Contract
Select CSD contract under which waiver is requested

☐ 2010 LIHEAP
☐ 2009 DOE Regular
☐ 2009 DOE ARRA
☐ Other:

Contract Section
Refer to contract, Exhibit B, and list

☐ Assessments/Diagnostics
☐ Health and Safety
☐ Priority
☐ Optional
☐ Supplemental

Cost and Bid Information

Maximum Reimbursement Amount
Referring to the applicable contract, Exhibit B, enter the maximum reimbursement allowed by the contract for the measure selected

Estimated Cost
Based on your research, enter the total dollar amount you estimate the measure will cost

Basis for Cost Estimate
Select the method (or methods) below upon which your estimated cost is based

☐ Obtained three written bids
☐ (CSD to enter other options)
☐ (CSD to enter other options)

Documents to be Transmitted to CSD
List below the documents you intend to forward to CSD to support your waiver request. Upon submission of this form, please email support documents to wwaiver@csd.ca.gov

Back Submit

Joshua Pierce & Paméla Gorsuch, RHA

Technical Assistance Options

Technical Assistance

For field, programmatic, or policy questions, contact:

- CSD Technical Assistance Hotline

1-877-831-7596

(staffed by Pam Gorsuch of RHA)

- FAQ Data System www.CalStateWAP.com



Joshua Pierce & Paméla Gorsuch, RHA

Training Requests

In-Service Trainings

- Field training “in-service” trainings are available on-demand and according to availability.
- Field “in-service” training may not be used in lieu of any training center or certificate (QA Inspector, Assessor, or Auditor) training.



In-Service Trainings (con't.)

- In-service training topics include:
 - Basic weatherization installation practice
 - Combustion appliance safety (in-field or with the Mobile Training Lab)
 - Duct Blaster or Blower Door practice
 - Assessment coaching
 - QA Inspection coaching
 - Additional topics upon request



Certificate Trainings

- QA Inspector Training
- Assessor Training
- Auditor 3-Phase Training
(certificate provided only
after completion of 3rd
phase).



How to Request In-Service and Certificate Trainings

1. Log on to the www.CalStateWAP.com site.
2. Click on the “Request Training” link.
3. Fill out the training request form.
4. Click “Submit” to send request.

RHA's training coordinator, Jocelyn Williams, will contact you within 3 business days to confirm receipt of the request.

Questions & Answers

RHA, Inc.

- **Joshua Pierce**, Technical Assistance Director
- **Pamela Gorsuch**, Field Services Program Manager

(877) 831-7596

Email: WxAid@rhainc.com

Database:

www.CalStateWAP.com

